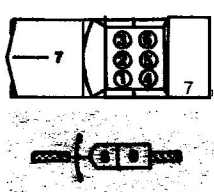


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-20728		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE								
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY			LEBANON			DATE OF CRASH:	11 07 16	DAY	Monday	TIME: MILITARY	1357	
CRASH OCCURRED ON						WITHIN THE INTERSECTION OF									
500 Justice Drive															
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE			
_____ MILES _____ FEET						W N E S OF						8321			
LOG-1		LOG-2		LOC JUR FH9 FILT											
A	UNIT NO.	NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT			
				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Liberty Mutual Ins.			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
Grindstaff, Scott E						1540 Shadowood Trl., Maineville, Oh 45039									
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION				
513-882-2624		11 28 76 m y		40	M			OH	RP754331						
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE			
Same															
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR				
	2002	Ford		Green	Tk	Oh	GSK2915				FROM TO				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8		UNIT NO. 2		NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS HIT & RUN NON-CONTACT		INSURANCE CO. OR AGENT			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
Warren County Commissioners						406 Justice Drive., Lebanon, OH 45036						513-695-1280			
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR				
	Ford	F350		Blk	SW	OH	SO 83 #119				FROM TO				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE	POSITION			INJURIES			
						m D y			A B C D E F			A B C D E F			
		ADDRESS				PHONE		SEX							
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
		ADDRESS				PHONE		SEX							
		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE							
		ADDRESS				PHONE		SEX							
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE	RESTRAINTS			CONDITION			
		ADDRESS				PHONE		SEX	A B C D E F			A B C D E F			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE	RESTRAINTS			CONDITION			
		ADDRESS				PHONE		SEX	A B C D E F			A B C D E F			
A	B	C	INJURED TAKEN TO						By		ALCOHOL				
D	E	F	INJURED TAKEN TO						By		ALCOHOL				
A	B	C	OFFENSE CHARGED AND DESCRIPTION								1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED				
A	B	C	OFFENSE CHARGED AND DESCRIPTION								1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		EJECTION		DRUGS	
1401		1404		1427		6 23						A B C D E F		A B C D E F	
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY				1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
11 07 16 m D y		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		S. Drake		118						1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	